



**REAL ESTATE/WATER
CHANGE OF ADDRESS AND/ OR OWNER FORM**

Please complete the information below, IN FULL, if you are requesting a change of information as it appears on your tax bill.

1. Old Owner(s)
(Print) _____
2. Property Address
(Print) _____
3. Bill Number(s) _____
Please include the Bill Number of each parcel of property you want changed
4. New Owner(s)
(Print) _____
First Name Last Name
5. Mailing Address of Owner(s)
(Print) _____
If different from property address
6. Signature _____ Tel. No. _____
Owner of Record Only

Mail To:

Office of the Tax Collector
Town of Arlington
P. O. Box 210
Arlington, MA 02476

Office hours: Monday – Wednesday 8A.M. to 4P.M., Thursday 8A.M. to 7P.M., Friday 8A.M. to NOON